

OXFORDSHIRE HEALTH & WELLBEING BOARD – 21 NOVEMBER 2013

Quality in Health and Social Care Services

Joint Report by Chief Executive Officer, OCCG, Director for Social & Community Services, OCC and Director of Public Health, OCC

Background

1. Following public consultation and discussion at the Health and Wellbeing Board (H&WB), it was agreed that the revised Joint Health and Wellbeing Strategy should include specific work on assurance of quality in services. The relevant section from the strategy is included in Annex 1.

2. Recent developments include

- Assurance on the current systems in operation across health and social care in Oxfordshire has been sought
- Local response to national issues of concerns have been discussed at the H&WB e.g. the Francis Report; Winterbourne View, Safeguarding Board reports.
- A range of patient reported outcome measures has been included in the performance framework for the H&WB.
- Oxfordshire Healthwatch has established a Board and working practices for their role as an independent organisation to monitor quality and raise issues.
- Discussions have taken place on potential developments to current systems, resulting in the recommendations set out in this paper.

Current quality assurance systems

3. An overview of current quality assurance systems operated by partners in the H&WB highlighted a range of groups that interlink. Local groups oversee governance, performance and contract management. National regulatory and inspection bodies produce reports that are acted upon locally. The groups that oversee this work include:

National Inspectorates	<ul style="list-style-type: none">• Care Quality Commission• Monitor (Foundation NHS Trusts)• Trust Development Agencies (non-Foundation Trusts)• Healthwatch England
Regional (Thames Valley)	<ul style="list-style-type: none">• Quality Surveillance Group (NHS England Area Team)
Local (Oxfordshire)	<ul style="list-style-type: none">• Quality and Performance Committee of the Clinical Commissioning Group• Social & Community Services Directorate Leadership Team• Public Health Governance, Performance & Quality Committee

	<ul style="list-style-type: none"> • Oxfordshire Children’s Safeguarding Board • Oxfordshire Adults’ Safeguarding Board. • Oxfordshire Healthwatch
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4. There is an expectation that Social and Community Services will share information via the Quality Surveillance Group on a planned basis, or in between meetings if a serious safeguarding or quality issue arises, subject to data protection restrictions.

5. It was also recognised that Social and Community Services are developing ways of strengthening user voice in quality monitoring.

6. It was agreed that the current working arrangements needs to continue and assurance should be sought by the H&WB.

Quality outcome measures

7. The performance framework for the Joint Health and Wellbeing Strategy includes a range of patient reported outcome measures of quality. These are listed in Annex 2. Performance is reported at each meeting of the Board and the relevant partnership boards take responsibility for delivery.

RECOMMENDATIONS

8. The Board is **RECOMMENDED**:

- a) receive, on an annual basis, summary reports from the local and regional quality assurance groups listed above: to include an overview of common issues and concerns raised in the groups and a summary of issues reported by regulators;
- b) continue to receive reports on national issues of concern as they arise, with information on the situation in Oxfordshire as reported by the Quality leads from partner organisations; and
- c) that the role of Oxfordshire Healthwatch will develop alongside the organisational quality assurance systems providing a strong and independent network to raise issues of concern across health and social care both directly to the H&WB and in other forums.

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November 2013

Annex 1 Extract from Oxfordshire Joint Health and Wellbeing Strategy

5. A strategic focus on Quality

9. Discussion at the Health and Wellbeing Board in 2012-13 has further fuelled our intention to build a strategic focus on quality issues. The role of the Health and Wellbeing Board is to set strategic concerns for the whole system and to receive assurance of good practice. For the last year we have been monitoring a range of quality outcomes measures and see a fairly good picture overall, but believe there is more to do. We consulted on a process for developing this area of our work and the responses received were supportive but called for specific action.

10. The Board is concerned that the issues uncovered by the Francis Report on the Mid Staffordshire NHS Trust should not be repeated in Oxfordshire and that the learning that is arising from the Child Sexual Exploitation cases locally will be implemented. In addition, the Joint Strategic Needs Assessment (JSNA), Director of Public Health Annual Reports and feedback of concerns from representatives of the public also indicate gaps in quality which need to be addressed.

11. The intention is to ensure that governance and assurance systems are joined up between organisations across the County. Performance measures which show patient and public satisfaction or dissatisfaction with services will be embedded in our performance framework again. The development of Healthwatch Oxfordshire will bring independent and informed views to the Board. We will seek assurance on quality at all our public meetings.

12. Process for setting additional outcomes for 2013-14

- It is proposed that a range of patient reported outcome measures will continue to be monitored, as in 2012-13. These are listed under the relevant priorities.
- In addition there will be a joint review of current systems of quality assurance across partner organisations. These systems are set up for recognising, monitoring, reporting and acting upon concerns about quality of services. This review will be completed by September 2013.
- Additional proposals for continual quality improvement in Oxfordshire will be discussed and approved by the Health and Wellbeing Board in November 2013.

Annex 2 Patient reported outcome measures currently in the Joint Health and Wellbeing Strategy and other outcomes that measure quality.

1.4	By March 2014 we will have developed a joint measure(s) that will demonstrate the impact of services on the mental health and wellbeing of school age children.
3.5	A regular pattern of quality assurance audits is undertaken and reviewed through the Oxfordshire's Safeguarding Children Board covering the following agencies: children's social care; youth offending service; education services; children and adult health services; early intervention services; services provided by the police. Over 50% of these audits will show a positive overall impact
4.6	Increase the proportion of pupils attending good or outstanding primary schools from 59% (29,160) to 70% (34,590) and the proportion attending good or outstanding secondary schools from 74% (26,920) to 76% (27,640) (currently 67% primary and 74% secondary)
5.1	75% of working age adults who use adult social care say that they find information very or fairly easy to find (currently 69%, 129 of 186 responses)
5.2	Maintain the proportion of people with a long-term condition who feel supported to manage their condition at 85%.
6.13	Increase the proportion of older people who use social care who reported that they have adequate social contact or as much social contact as they would like to 81.2% (currently 80.4%, 229 of 285 respondents)
6.16	Maintain the high number of older people who use adult social care and say that they find information very or fairly easy to find (currently 77.7%, 146 of 188 respondents for adult social care)
6.17	Bereaved carers' views on the quality of care the person they cared for received in the last 3 months of life (baseline and target to be confirmed as awaiting national figures – these are due in September 2013)
6.18	Increase the proportion of adults who use social care that say they receive their care and support in a timely way to 85% (currently 214 of 259 – 83%)
7.3	Achieve above the national average of people very satisfied with the care and support they receive from adult social care (currently 62.4% against a national figure of 63.7% for 2012/13)
7.4	Achieve above the national average of people satisfied with their experience of hospital care (currently 78.7% against national figure of 75.6% for 2012/13)
7.5	Achieve above the national average of people 'very satisfied' with their experience of their GP surgery (currently 91% against national figure of 87% for 2012/13)